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Mobility Center in England.

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LONG CANE NEWS

LETTER

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A NEWSLETTER TO SERVE THOSE WHO TEACH ORIENTATION AND MOBILITY

EDITORIAL

The guest editors would like to reiterate the fact that this newsletter was established as a means of exchanging ideas pertinent to the area of Orientation and Mobility. We again urge you to share your ideas with your colleagues by sending your reports to either Boston College or Western Michigan University.

Guest Editors - Stanley Suterko and Robert La Duke, Staff members, Center for Orientation and Mobility, Western Michigan University.

ESTABLISHMENT OF THE MIDLANDS MOBILITY CENTER IN ENGLAND

Stanley Suterko *

It certainly was a distinct privilege for me to have been afforded an opportunity to establish the first non-residential mobility training center in the United Kingdom. The proposal for the establishment of this center was the brain child of two dedicated individuals as a means of introducing and evaluating the Long Cane and its associated training methodology in England. The invitation to come to England did not develop within a short space of time, but was the culmination of two individuals visiting America to evaluate our mobility methods, and recognizing the value of what they witnessed.

* Mr. Stanley Suterko is Assistant Director, Institute of Blind Rehabilitation, Western Michigan University.

Recalling the events leading up to the establishment of this center, the earliest one occurred when Dr. Leonard¹ was assigned by the Medical Research Council of England to investigate and make recommendations concerning mobility for the blind in the United Kingdom. A neophyte to the field of the blind, he scoured the literature, interviewed leaders and workers in the field, and studied the mobility habits of many blind individuals. Much of his present knowledge concerning the blind was acquired from two of Britain's largest organizations serving the blind, i. e., St. Dunstan's and the Royal National Institute For The Blind. The former is a private organization incorporated to provide all services to the war blinded of the United Kingdom, while the latter is its counterpart serving all of the civilian blind. In fact, R. N. I. B. is the world's largest direct service agency for the blind. Its facilities consist of the Headquarters, located in London; a world renown physiotherapy school for the blind in London; an adult rehabilitation center located in Torquay; several rehabilitation centers for housewives; numerous colleges for blind boys and girls; and a goodly number of residential schools and sunshine homes for blind babies.

In assimilating this information, Dr. Leonard's attention focused on the United States and their efforts to provide Long Cane training. He then raised funds, enabling him to visit America for the sole purpose of "seeing what they had to offer." Two of the many places he had visited were: the Blind Rehabilitation Center, Veteran's Administration Hospital, Hines, Illinois; and the Institute of Blind Rehabilitation, Western Michigan University, Kalamazoo, Michigan. Upon his return to England he reported his findings, stating he was greatly impressed and recommended that a blind person be sent over for training in the Spring of 1966. St. Dunstan's selected and sponsored Mr. Walter Thornton,² a totally blind World War II veteran, with the express purpose of subjecting him to the "American Training Methods" for evaluative purposes. Mr. Thornton, accompanied by his charming and vivacious wife, Margaret, spent four weeks in intensive training. He was introduced to the Long Cane technique at the Hines center by Eddie Mees, one of the charter member mobility instructors. Eddie had one full week of mornings and afternoons instructing Mr. Thornton. The remaining three weeks he resided at Western Michigan University, receiving training in the morning and afternoons with periods never less than an hour, or in excess of two hours. His progress through the prescribed mobility course was excellent. At a later date, I discovered he did homework on his own, with his wife assisting. He spent his early evenings reviewing the things we did that day, applying these skills to adjacent new settings, and familiarized himself with the street names. Apparently Mr. Thornton also recognized the value of the systematic training methodology and the merits of the Long "Stick" as the

¹ Dr. Alfred Leonard is a research psychologist on staff at Nottingham University doing research in the area of blind mobility.

² Walter Thornton, Esq., is a senior executive with Cadbury Chocolates in Bournville, England. Author of a newly published book entitled, "Cure For Blindness", the first Autobiography by a Long Cane user.

English refer to it. He submitted a favorable report upon his return home, and, challenged by Russ Williams' remark, "the powers to be in England don't care to see this system introduced into the country," he became determined that such would not be the case. Mr. Williams' remarks referred to previous abortive attempts to introduce the Long Cane in England.

Mr. Thornton, in collaboration with Dr. Leonard, submitted a proposal to the Viscount Nuffield Foundation requesting funds to arrange for an American instructor who would establish a non-residential mobility training center. By establishing the center on a non-residential basis there would be no overlapping or competing with the national organizations responsible for providing services to the visually handicapped. A one year grant was awarded to Nottingham University, the fiscal administrators of the project. The policy making group was a committee composed of the following: Walter Thornton, Esq., Chairman; Dr. Alfred Leonard, Research Director; Miss Myfanny Williams, Director of the teacher training program for the visually handicapped at Birmingham University; John Cannon, Esq., Director of Queen Alexandra College for Visually Handicapped; and Miss P. Barnard, Supervisor, Home Teachers for the Blind in Birmingham. This group met periodically, reviewing my efforts and provided direction to the center.

W. Thornton, Esq., as chairman of the group, contacted me by phone in March 1966, and inquired as to my interest and availability for a one year assignment in Birmingham, England. This was followed up by an official written request to Western Michigan University. With Mr. Donald Blasch's (Director of the Institute of Blind Rehabilitation) encouragement and support, the University approved a year's leave of absence, enabling me to undertake this assignment. After several more exchanges of correspondence with Mr. Thornton regarding the proposed center, the University of Nottingham forwarded a contract stipulating the terms of employment. Noteworthy to mention, one of the stipulations was, "Upon thirty days notice this contract can be terminated by either party." Somewhat shaken by this statement, however, challenged by the opportunity, I signed the contract and in what seemed like a relatively short time, I found myself (accompanied by my wife and three daughters) sailing for England.

August 19, 1966, we arrived in England, and after several days of getting settled into a new country, I was acquainted by Mr. Thornton with the physical setting in which I was to be located for the next year.

I was assigned a desk in the Principal's Office of the Queen Alexandra College, a residential training center for blind youth between the ages of 17 to 20. Course offerings here included Engineering, communications skills, personal skills, social and recreational activities. Aside from the space allocation for office and the generous use of corridors and gym, we had no official affiliation.

In the preliminary correspondence, it had been agreed to have Dr. Leonard and Mr. Thornton recruit clients and trainee instructors. Their knowledge of the blind population needing and/or desiring mobility instruction could guide the selection of six capable candidates, which would enhance the opportunity for early success. Mr. Thornton introduced me to the clients, three in number. Two youths 18 years of age, and a housewife 35 years of age who had been blind for fourteen years. It became readily apparent that the early recruiting efforts were not particularly successful. One of the youths was totally blind due to retinoblastoma, the other had light projection. The totally blind youth had mobility instruction previously and travelled in the typical English style of mobility. He was about 6 feet 1 inch in height and weighed 17 stone. (One stone equals 14 pounds). He used an aluminum collapsible cane approximately 30 inches in length. This cane is used to trail behind the individual, contacting hedges, wood and stone fences that border the inner shoreline of the footpaths. It is neither employed for any scanning ahead, nor is it long enough to contact the ground ahead of the feet. Trailing of the inner shoreline objects is the preferred use of the cane, because it eliminates the possibility of the cane's jamming up in the picket fences. This method also ensures that the blind person stays on the inside portion of the footpath, thus preventing any possible encounters with signposts, or poles situated along the curb edge, and secondly, it eliminates any chance of his stepping into the street. Evaluating the potentials of this mobility aid, it probably was used wisely as the short cane would never detect posts or signs in one's path. In addition, it would never detect any step downs such as holes or curbs, nor was it possible to detect boxes, prams, walkers, etc. The trailing method universally advocated with this short stick impressed me as a very cumbersome and basic method for locomotion.

From the psychological standpoint, I felt it had subtle implications to the user, he is not as good as, nor as capable as a sighted person in the control of his immediate environment. Blind persons in England are allowed to cross only the simplest residential streets at times when the environment is definitely void of any traffic sounds.

The methods employed in approaching curbs and the crossing of simple streets also seemed to underestimate the capabilities of the blind. On the approach to the down curb, the blind pedestrian shuffles his feet until the foot makes contact with the edge of the curb. Another method frequently seen employed in approaching curbs was to walk till one stepped into the street and then quickly step back up on the sidewalk.

In preparation for the actual street crossing one would, upon reaching the curb, indent a minimum of 10 to 15 feet away from the parallel street. The actual street crossing would also employ a deliberate veer away from parallel street. This was the *modus operandi* in residential areas. In business areas or approaching streets with traffic he would be quick to solicit sighted

assistance before approaching the curb. In fact, the underlying philosophy emphasized to all travelers was to get sighted assistance at the slightest doubt.

The trailing method of travel, though cumbersome, appeared effective in quiet residential areas. In areas lacking hedges, walls, or fences, or in communities with side drives, this method proved ineffective. The individuals would find themselves wandering into the side drives and generally searching for a method to go in a straight line on the footpath. The shortcomings of this method were readily apparent as they tried to negotiate areas containing stores. Most shopkeepers in England display their wares by placing them on the footpaths which often are no more than five or eight feet wide. In traveling through these areas one would be confronted with irregular shorelines, if any, and in addition, the paths would be littered with bicycles, ladders, boxes full of hardware, and just plain cups and dishes stacked one on top of another. At the green grocers (fruitmarket) one would find bushelbaskets or small boxes full of fruit and vegetables occupying at least half of the footpath. Because the short stick method of travel ruled out moving to the curb side, mobility through these areas was at a snails pace. This provided an opportunity for the shopkeepers and pedestrians to rescue and push the blind person ahead through this maze of potential hazards. I had not witnessed anyone using, or advocate the use of, the sighted guide as is done in America.

The prevailing philosophy for the short stick traveller was that crossing busy streets, or negotiating stop light crossings was definitely beyond the capabilities of any blind person. However, it is only fair to mention English towns and cities do not have the number of traffic lights found in American towns and cities. It was somewhat ironical for me to view my first audible traffic light (intended to assist the blind in crossing streets) in Coventry, England.

It was within the milieu described above that I had accepted the challenge to interpret and demonstrate a philosophy, and method, which obviously was not consistent with that of my new environment. Within a short time I discovered the youth with light projection had no desire to use a mobility aid be it short or long. Respecting his wishes as an individual, the training was terminated. The other youth was unenthusiastic about the length of the cane, but he did employ it daily going from home to college. This daily trek involved negotiating a small shopping area where the footpaths were littered with the wares of the respective shops. In using the long cane he learned to skirt the objects by moving out toward the curb side of the footpath and thereby avoid upsetting any of the wares.

The housewife, a very intelligent, attractive young lady, had previously been a secretary to an executive of the British Broadcasting Company. It was apparent from the beginning that she was motivated and eager to travel on her own. She had been blind for fourteen years and not once ventured alone as far

as the sidewalk in front of her house. She remarked, "I was tired of being tethered to the house." After daily training, supplemented by her own evening practice, she developed into one of my star pupils. She finally went on daily excursions to do her own shopping, to visit relatives and friends, and she also walked to school to meet her children and attend parent teacher meetings. One day she told me that her original grocer's prices had come down since she began shopping in various stores. Her daily appearances in the neighborhood with a graceful sophisticated stroll proved to be one of the best recruiting agents we had. An interesting sidelight to this story is that when the British Broadcasting Company decided to produce a two-hour documentary on "Blindness In England", she had the major role in the second half (60 minutes) titled, "Independence".

In the early months of establishing the Midlands Mobility Center I came to the forceful realization that the greatest problem was a lack of trainees and trainee instructors. As the weeks, without trainees, slipped by into months, the knowledge that the contract could be terminated by thirty days notice hung over me. I had visions of returning home without accomplishing the goals which I had set out to achieve.

Dr. Leonard, Mr. Thornton, and I then embarked on a recruiting and publicity campaign, to acquaint blind students and sighted potential instructors. As a team, Mr. Thornton and I spoke and gave demonstrations to home teacher groups, administrators, boards of directors, in fact, to anyone in the field of the blind who would lend us an ear. No doubt the effectiveness of the team was enhanced by Mr. Thornton's demonstrated travel effectiveness through totally unfamiliar areas. He is a totally blind World War II veteran and, without doubt, the best cane traveller in the United Kingdom. Mr. Thornton's comment on our initial difficulties was "Recruitment of both blind trainees and potential instructors was difficult in the first instance because of the ignorance of the Long Cane system, and the prejudice against it, which existed in this country, when the Birmingham Center was contemplated."

By the first of the year, our recruiting efforts were rewarded with one additional blind client and four sighted trainee instructors. Two of the trainee instructors were home teachers, coming from Birmingham and Nottingham. The other two trainee instructors were both students in the visually handicapped curriculum at Birmingham University. Sister Barbara was one of the students and I was happy to have her as she would eventually return to the Catholic residential school in Glasgow, Scotland. The other student was Mary Hulme, a former teacher and one of the best instructor performers I had.

A major breakthrough came when we spoke to the students in the visually handicapped curriculum at Birmingham University. We immediately recruited two trainee instructors, and added another one at a later date. Other benefits that accrued from this visit were: Miss Williams' convictions that all students

going through her program should receive training in at least the basic mobility skills; and her acceptance of the idea of using a blindfold in learning the activities one will be teaching the blind (she now is making her students use the blindfold in the arts and crafts activities). Because her program is the only one in Great Britain which trains teachers for the blind, this setting affords an opportunity for all prospective teachers to learn about mobility. It was also at Birmingham University that I met W. H. Snowdon, Esq., Her Majesty's Head Inspector for special education in England. In speaking to the trainee instructors, and witnessing some of their performances, he visited in America at a later date to view some of the mobility programs for blind children. He apparently saw merit in providing this service to blind children as he said he would support efforts in England to provide this service to their blind children.

The areas of training for the trainee instructors varied somewhat. Those with a home teacher background were trained in the area of Queen Alexandra College. The blind clients were also trained here. The students from Birmingham University started their training in the University buildings and progressed to routes on the campus. I felt this would create more interest and generally "spread the gospel". As is my custom, I encouraged these students to practice the skills learned that day during their free periods and enroute to the student center, dining hall, etc. They did this religiously which served to fulfill several objectives, however, it was not without an interesting sidelight. One of their classmates became very upset at the sight of the trainee instructors using blindfolds. In no uncertain terms he berated them and expressed his disapproval at the thought of anyone making a mockery of blindness. As I had suspected, I learned he was suffering from a visual impairment and would lose his remaining vision in due time. The other students in the visually handicapped curriculum were intrigued with the efforts and accomplishments of Mary and Sister Barbara and kept a close watch on their progress. Occasionally a few of the students could not resist the temptation and attempted walking with the cane and sleepshade to a limited degree. As a result of this we were able to recruit another trainee instructor, and the remainder of the class undertook training in the basic mobility skills.

A major deterrent to successful recruitment of instructors was the question of opportunities for employment. We knew of no agency for the blind, or school, that had positions for orientation and mobility instructors.

About the middle of January, I sensed a turn in the tide. We had four trainee instructors and one blind client on the program. In addition, people were beginning to ask questions about the Long Cane and the training methods instead of hurrying away, as I had contacts with them.

The content of the training program presented to blind clients and student instructors followed much the same format offered mobility instructors at Western Michigan University. The only additional items included were zebra

crossings, and roundabouts, which are common in England. The zebra crossings are similar to our pedestrian crosswalks, however, they are located in the middle of the block as frequently as at intersections. They are easily identified by the orange blinking light at each curb, with the street painted in black and white stripes. Theoretically, when a pedestrian places a foot in the crossing the cars are required to stop. One day Sister Barbara got off a bus at the bus stop, which was about 40 feet short of a zebra crossing. As she proceeded to the zebra crossing she could hear the bus creeping along the street behind her. When she got to the zebra crossing, somewhat annoyed by the bus creeping alongside her, she decided to wave him on. The bus driver, not to be outdone, promptly turned his motor off and waited. She then crossed the street. I might add, in spite of being a proficient performer, Sister Barbara received more offers of assistance than all of the other trainee instructors put together. One could just see the look of amazement, and the need to help her whenever a sighted person spotted the blindfold and the nun's habit. She also holds the distinction of being the only trainee I ever had, where a funeral procession stopped to let her cross the street. This was unknown to her at the time it occurred.

The roundabouts mentioned previously are circular islands directly in the middle of an intersection. The traffic in going North and coming upon a roundabout would have to make a half circle before being able to continue North. These roundabouts are much more difficult to negotiate than the usual intersection.

Regarding the trainee's crossing busy streets and intersections with traffic lights, when the committee learned of my intentions, I was told this certainly was much too dangerous and besides the blind were not capable of this. In spite of this advice, all trainees experienced independent crossings of traffic lights. I am sure my first trainee instructor half suspected that the American had gone out of his mind.

Speaking of risks--I failed to mention that Nottingham University saw fit to take out a \$150,000.00 liability policy for me before I commenced the training activities.

As most mobility instructors know, one's training sessions in the community are frequently enriched with memorable and interesting experiences. I should like to share one of these with you. In my efforts to have Miss Williams knowledgeable about mobility I frequently invited her to witness the activities engaged in by her students, Mary Hulme and Sister Barbara. She always arranged to come out and had seen them at several stages. Her last observation was of Mary, an excellent performer, who undertook the following lesson. She departed from the training center and crossed two streets with blending sidewalks. She then negotiated a roundabout and located a bus stop sign. At this point she got a bus which took her to the Bearwood shopping center. She got off, and making her way to the corner

of the intersection, had to cross two of the streets both controlled by traffic lights. From this point she went another two blocks through the shopping center (with its maze of wares) and ultimately located a green grocers (fruit market). I told her I would meet her at this point. Miss Williams and I, walking at a distance, observed her going through this lesson, and while Mary was on the bus we drove in our own car. I could tell from the verbal comments Miss Williams was impressed seeing Mary get to the bus, stop, board and alight from the bus with no difficulties. Then came the stop light crossings; Miss Williams' quizzical facial expressions, intermingled with stares, indicated she was not exactly enjoying this part. There was no doubt in my mind she was communicating to me, "do you realize what you are asking this girl to do?" In the meantime, Mary executed the crossings perfectly and with just as much finesse negotiated the shopping area. Upon reaching the green grocers I told Mary she was to return to the center again, crossing the lights and getting the bus for the remainder of the trip back. At this point there was practically no conversation between Miss Williams and myself. At the completion of the lesson the only question Miss Williams asked Mary was, "Does your mother know what you are doing?" I believe Mary said she did. Thereafter, I learned upon returning to the University, Miss Williams sat down in a chair and appeared to be in a daze. I believe she had quite a stressful experience that afternoon.

The "Drop Off" lesson was also part of the training schedule for most of my trainees. In attempting to explain this aspect to audiences many people felt this could not be done. In fact, a number of them felt this was merely the product of American publicity. One day the British Broadcasting Company, in making a documentary film on the blind, wished to record the proceedings of a drop off lesson. The blind housewife was selected to demonstrate this after a week's experiences with drop offs. The day arrived when she was met by an entourage of camera men, sound technicians, electricians, director, etc. They affixed a portable mike on her neck so that anything she said was recorded on tape. The television crew accompanied us on our diversionary ride so it did not take too long for her to lose her bearings. When the car was stopped to have her start, the camera and sound men got set up and started recording her every movement and speech. She was asked to verbalize her thoughts and she did a magnificent job, revealing her feelings and the procedures she was going through in assimilating information from the environment. In spite of the additional stress of verbalizing one's thoughts and the fear of failure in front of an audience recording every move, she did a marvelous job. She established a definite position within a short time and walked the remaining six blocks home in record time. They say, seeing is believing, but I'm not sure it was applicable in this instance, because the whole of the television crew kept interrogating her as to how she was able to do this. The director of the film, in previewing it said, "A million people will see it on T. V. and a million people will not believe it can be done."

The television documentary on "Blindness in England" consisted of two one-hour shows, a week apart. The first portion concerned "Dependency" and the second focused on "Independence". The greater part of the "Independence" portion was devoted to mobility and the Long Cane, with the housewife in the lead role as mentioned earlier.

By Mid-March, I felt confident that we might achieve our initial objectives of creating an interest and need for Long Cane training. No longer did we have to invite ourselves to meetings, as requests from individuals and organizations came in, asking us to explain and demonstrate the Long Cane. At this time Mr. Thornton was in correspondence with Mr. Bob Crouse (a Western Michigan University graduate) concerning replacing me in August for a second year of operation of the Midlands Mobility Center. This certainly was good news.

It was also in March that we accepted two new trainee instructors. One of these was a prominent physical educator in one of the outstanding residential schools for the blind. Her enrollment was significant in that her teachings would be directed to blind children. I consider it a stroke of good fortune to have had her enroll in the course because of the previous experiences she had with Americans. Some years prior to 1966, she met two Americans in Holland who extolled the virtues of the Long Cane, arousing her interest. When she pressed them for further knowledge on this system they refused to show her and curtly replied that she would have to come to America. She then received mobility training in Holland with a system that is a dilution of the touch technique. She had also expressed some very strong feelings against the use of the sleep shade in training. In spite of her experiences and feelings she responded to the recruiting efforts of Dr. Leonard and the contagious enthusiasm of our trainee instructors for the system.

I suspected her real intentions for enrolling in the program were to disprove some of the claims made on the effectiveness of the Long Cane and its training methodology. One of her early comments was, "I don't believe it is as effective as they claim and they will have to prove to me that this system works." Fortunately, her abilities, intelligence, and industriousness permitted her to achieve a degree of success she never dreamed of attaining. In observing advanced trainee instructors venturing into shopping areas, and accomplishing drop off lessons, she expressed a real concern that perhaps she lacked the ability to do this. Eventually she was functioning well in the very areas that appeared threatening to her, and in the process, surprised herself more than anyone else.

Upon the completion of the training she returned to her residential school and immediately initiated a Long Cane training program for six of her students. What is also significant, in this case, her institution is recognized as one of the most progressive and outstanding residential schools in England. As such,

it tends to influence, if not set the pattern for, educating blind children. A real advance will have been made in our field if that statement holds true for mobility.

By the time July rolled around, we had trained a total of five blind clients and seven trainee instructors. We had one additional trainee instructor who was dropped from the course early in the training. These blind clients were valuable assets in the demonstration of the value of the cane for purposes of their moving about in the neighborhood. The trainee instructors were likewise full of glowing praise for the training methods and eagerly shared their feelings with those who would listen. These things, along with the recruiting efforts of the committee, began to achieve our intended results. We were beginning to get many inquiries and requests for Long Cane training. One of these requests came from the student mentioned earlier, who rebuked his classmates at Birmingham University for using the blindfold. He phoned me one day, asking if he could try the Long Cane. When I mentioned the use of the blindfold, he said he understood this and would be willing to use it in training. This request came the last two weeks of my stay in Birmingham so he had only a few trials with the Long Cane. He did very well under the blindfold and was pleasantly surprised with his achievements and experience.

By the end of July (my scheduled departure time) a waiting list of ten individuals desiring mobility training had been built up. This certainly was a far cry from our beginnings when we were unable to interest a sufficient number of trainees to keep one staff member fully occupied.

In reviewing the Midlands Mobility Center's first year of operation, one can note the following accomplishments. 1. The blind individuals who were trained demonstrated the effectiveness of the Long Cane and its associated training methodology in England; 2. Mobility instructors who were trained initiated mobility programs in residential schools (England and Scotland), in agencies and community mobility programs; 3. Initiated the training of teachers of the blind in the United Kingdom so that they will all receive at least the basic skills in Orientation and Mobility; 4. Created a demand for mobility instructors as evidenced by the requests for same from an agency and a residential school; 5. Created a desire on the part of another local authority in England to develop a similar mobility center in their area.

The accomplishments enumerated above certainly could not have been achieved by any one individual, but are the results of the cooperative efforts of many. Some of these people have been mentioned in the article. Unfortunately, some will not be acknowledged to protect their privacy as clients. Others who have contributed to the success of this venture are: W. H. Snowdon, Esq., Her Majesty's Inspector for Special Education; Arthur Phillipson, Esq., Director of Training of the Guide Schools in England, and

the staff of Queen Alexandra College for the Blind, in Birmingham, England. To this last group, may I express a special note of thanks for their cooperation and graciousness during the twelve months I invaded their domain.

August, 1967, was the beginning of the second year of operation for the Midlands Mobility Center in Birmingham, England, and growth in demand for services, staff, and space was apparent. In addition to the July 1967 waiting list of ten people, the Royal National Institute for the Blind requested the center to train six mobility instructors for them. The staff at the beginning of the second year consisted of: Mr. Robert Crouse, the American Instructor, who directs and coordinates the mobility program; Miss Mary Hulme, his assistant, a Birmingham University graduate; and Mrs. Joan Seddon, also a graduate of Birmingham University. This year also saw them outgrow the one desk operation and move into their own building, where each staff member has his own office.

Mr. Crouse has recently written, stating he has signed up to stay on for two years with the center. I do hope in the future he has the time, and will be allocated the space, to keep us informed of the development of mobility programs throughout England.

CONCEPT DEVELOPMENT IN PREPARATION FOR THE CANE OR DOG

By Robert A. Eisenberg*

Purpose of the Article

The purpose of this article is to present a systematic procedure used to correct one of several concept deficiencies existing for a majority of congenitally blind individuals--that of the spatial relationships within basic street and city block patterns.

It is hoped that the detailed description to follow will be of interest not only to those professional mobility instructors to whom it is new, but to other persons such as parents, teachers, counselors, and others interested in the education and welfare of congenitally blind individuals. Certainly, dog-guide instructors could and should provide remedial instruction in these concepts before training such a client.

*Mr. Eisenberg is Chief of Mobility Instruction, Mobility Training Program, California State College at Los Angeles, Los Angeles, California.

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